

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9890</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>William</u> <u>Pauls</u> P O Box, Bldg, Room No, if any _____ Street <u>3924 West End Avenue</u> City <u>Atlantic City</u> State <u>New Jersey</u> ZIP Code + 4 <u>08401</u>	4 Name, file number, and address of labor organization Name <u>Iron Workers, AFL-CIO, Local 350</u> Labor Organization File Number <u>018-134</u> P O Box, Building and Room Number, if any _____ Street <u>3924 West End Avenue</u> City <u>Atlantic City</u> State <u>New Jersey</u> ZIP Code + 4 <u>08401</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____
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Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8-11-05

Date

609-344-6313

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Iron Workers Dist Council Health & Pension

Trade Name, if any

P O Box Bldg , Room No , if any

Street 6401 Castor Avenue

City Philadelphia

State Pennsylvania ZIP Code + 4 19149

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No , if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Trustee of Iron Workers District Council Health and Welfare and Pension Funds (see attached)

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Value of expenses related to attendance at Board of Trustee meetings

12 b Amount

\$587

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name SEI Investments

Trade Name, if any

P O Box, Bldg, Room No, if any

Street One Freedom Valley Drive

City Oaks

State Pennsylvania ZIP Code + 4

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Iron Workers Local 350 Annuity Fund

Trade Name, if any

P O Box Bldg, Room No, if any

Street 3924 West End Avenue

City Atlantic City

State New Jersey ZIP Code + 4 08401

11 a Nature of such dealing

SEI Investments performs investment consulting and advisory services for the Iron Workers Local 350 Annuity Fund

11 b Approximate dollar value of such dealing

\$30,000,000

12 a Nature of interest held or income received

Complimentary tickets (4) to an NFL Game

12 b Amount

\$280

Name of Person Filing William Pauls

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Iron Workers Local 350 Annuity Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3924 West End Avenue

City Atlantic City

State New Jersey ZIP Code + 4 08401

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Trustee of Annuity Fund (see attached)

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Value of meals provided at Board of Trustee meetings

12 b Amount

\$150

Name of Person Filing William Pauls

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Slough, Horneff & Fischer, P C

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 16 West Vassar Road

City Audobon

State New Jersey ZIP Code + 4 08106

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Iron Workers Local 350 Annuity Fund

Trade Name, if any

P O Box Bldg Room No, if any

Street 3924 West End Avenue

City Atlantic City

State New Jersey ZIP Code + 4 08401

11 a Nature of such dealing

Slough, Horneff & Fischer, P C provides accounting services to the Iron Workers Local 350 Annuity Fund (and to Iron Workers Local 350)

11 b Approximate dollar value of such dealing

\$10,250

12 a Nature of interest held or income received

Complimentary tickets (2) to an NFL Game

12 b Amount

\$140

LM-30 Attachment

Name William Pauls

Ending date of report period 12/31/04

LM-30 File Number To be assigned

LM-30 Items
Number

8. 9, 11a and 11b Per direction provided by U S DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business The information for item 11b is not in my possession